



SPOKANE POLICE DEPARTMENT
AND THE SPOKANE SHERIFF'S OFFICE
TRAINING ANNOUNCEMENT



Basic Police Motorcycle School



DATE: April 27th – May 8th, 2015 (8-4 daily)
April 20th – 21st Optional Pre-School
April 22nd – 24th Instructor Workshop

LOCATION: **Life Center Church**
1202 N. Government Way
Spokane, WA 99224

COST: **\$50.00**

STUDENTS: **MAX – 12 MIN - 5**

DESCRIPTION:

This course is designed to develop coordination, balance, control, and the confidence necessary for proficient operation of the police motorcycle, and to familiarize participants with the handling characteristics of their police motorcycle. This class is designed for both new riders for certification, and for experienced riders who want to improve their skills, or recertify.

Equipment Needed: A law enforcement equipped motorcycle, capable of being operated under very demanding conditions. The motorcycle's brakes, tires, clutch and other systems should be in excellent condition. Motorcycles should be inspected and certified as safe prior to attendance.

A motorcycle helmet, gloves, eye protection, and quality boots that offer ankle protection will be needed. A utility type uniform, including gun belt, firearm and 100 rounds of ammunition.

REGISTRATION: Contact Officer Ken Applewhite (509) 710-5941
kapplewhite@spokanepolice.org or Chris Lewis (509) 242-8400 ext 20440
clewis@spokanecitypolice.org





Spokane County Sheriff's Office – Training Unit

Revised 10/13

Application Form GENERAL COURSE APPLICATION

PLEASE TYPE OR PRINT CLEARLY

1. GENERAL INFORMATION

Applicant's Name:			(Last)	(First)	(Middle)
Title/Rank:	Applicant's Personnel Number:		<input type="checkbox"/> Male <input type="checkbox"/> Female		
Primary Duty Assignment:		Agency:			
Agency Phone:	Agency Fax:	Applicant's Agency E-Mail Address: @			
Agency Mailing Address:		(Street or PO Box)	(City)	(Zip)	

IF THIS APPLICANT REQUIRES SPECIAL CLASSROOM ACCOMODATION, PLEASE MAKE REQUEST ON A SEPARATE SHEET AND ATTACH TO THIS APPLICATION.

2. COURSE INFORMATION

Course Title:	Location of Course:
Course Date(s):	

3. MEALS AND LODGING

Meals and Lodging and any costs incurred during this course will be the sole responsibility of the applicant and/or their agency.

4. **MANDATORY-MUST BE COMPLETED TO BE CONSIDERED FOR SELECTION**

In determining **eligibility** of this **applicant**, the Spokane County Sheriff's Office will consider any special need or purpose which the applicant or his/her agency may have regarding the requested course or training. Comments:

5. **APPLICANT PRIORITY (MANDATORY!)**

If submitting more than one application for this course, check the priority of **THIS** applicant:

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

6. **TRAINING COORDINATOR EMAIL ADDRESS (MANDATORY!)**

@

Confirmation is sent via email, please make sure this section is complete.

7. AUTHORIZATION

Agency Representative Authorizing Attendance:

Name

Signature

Title

Date

For SCSO Use Only

Return completed application form to: Spokane County Sheriff's Office Training Center, 10319 E. Appleway, Spokane Valley, WA 99206. Applications may also be faxed to (509) 477-6975 or sent as an email attachment to jbjeske@spokanesherriff.org. For more information regarding the application process, please call (509) 477-3211.